

Augusta-Richmond County License Department
 PO Box 9270
 Augusta, GA 30916-9270
 Phone: 706-312-5050
 FAX # 706-312-4277 or 706-312-5037

BUSINESS TAX RETURN
 COUNTY OF RICHMOND, BUSINESS TAX DIVISION
 Calendar Year **2014**

Report Change in Location/Mailing Address Promptly to Business Tax Division

Please Type or Print with Ball Point Pen

FOR BUSINESS LICENSE OFFICE USE ONLY							Interviewed By:
Zoning			Map & Parcel				
Account #	# of Decals	Tax Class	SIC Code				Approved By:
Complete all spaces as they relate to County Activity			Month	Day	Year	YEARLY TOTAL GROSS RECEIPTS (EVEN DOLLARS) \$ _____ Professionals and certain practitioners have the option of paying \$400 per practitioner in lieu of reporting gross receipts. Check with the Business Tax Office to determine eligibility for this option.	
Circle One Renewal Amended New Final	Started New Business	Date				# of Employees:	
	Sold or Closed Business	Date					
Business Name			Business Location – Street Address (Not P.O. Box)			City, State	Zip Code
Mailing Information Name			Mailing Address – Street or P.O. Box			City, State	Zip Code
Previous Business Name and Location	Name	Street – Not P.O. Box				City, State	Zip Code
Circle One Partnership Sole Ownership Corporation	Principal Office, Corporate Name	Street or P.O. Box				City, State	Zip Code
Officer, Agent or Attorney for Service of Business Affairs in County	Name	Street or P.O. Box				City, State	Zip Code
Name of Owner(s) & Residence Address	Name	Street or P.O. Box				City, State	Zip Code
	SSN (Last 4 digits)						
Officer Title	Name	Street or P.O. Box				City, State	Zip Code
	SSN						
Officer Title	Name	Street or P.O. Box				City, State	Zip Code
	SSN						
Officer Title	Name	Street or P.O. Box				City, State	Zip Code
	SSN						
CERTIFICATION: The information herein as required by Richmond County Code Part II, Chapter 8, Section 6-27.1 I, _____ (Title) _____ of the business firm named, do hereby register to operate said business with dominant business activity of (explain type of business) _____ _____			New Structure (Y or N) Existing Building (Y or N)		E-mail Address _____ In accord with the Business Ordinance of Richmond County, Georgia, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and statements and that the same are true, correct, and complete.		
Phone: (Bus) (____) _____ - (Res) (____) _____ - State ID Number Federal ID Number			Applicant Signature _____ Date _____				

Systematic Alien Verification for Entitlements (SAVE) Affidavit

Affidavit Verifying Status for Augusta, Georgia
Public benefit Application with License and Inspection Division
Pursuant to O.C.G.A. §50-36-1 (e) (2)

By executing this affidavit under oath, as an applicant for: (check all that apply)

_____ Augusta, Georgia Business License or Georgia Occupational Tax Certificate
_____ Alcohol License
_____ Taxi Permit
_____ Other public benefit, including _____ as referenced in O.C.G.A. §50-36-1

From Augusta, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number is issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. §50-36-1 (e) (1), with this affidavit.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of the O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state)

Business Name _____

Business License Number _____
Required

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires:

E-VERIFY AFFIDAVIT

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) Business License
[*business license, occupational tax certificate, or other document required to operate a business*]
as referenced in O.C.G.A. § 36-60-6(d), from Augusta-Richmond County
[*name of county or municipal corporation*], the undersigned applicant representing the private
employer known as _____ [printed name of
private employer] verifies one of the following with respect to my application for the above
mentioned document:

1. **Only fill out this section if the current date is on or before June 30, 2013. Select Only One.**
 - (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees. *If the employer selected 1(a) please fill out Section 3 below.*
 - (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.
2. **Only fill out this section if the current date is on or after July 1, 2013. Select Only One.**
 - (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. *If the employer selected 2(a) please fill out Section 3 below.*
 - (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.
3. **The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the ____ date of _____, 201__ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE ____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:
